

Mayor Jay Tibshraeny and the Chandler City Council  
**THE CITIES OF CHANDLER AND MESA PRESENT**



# California Vacation Adventure

**SEPT. 28-OCT. 1, 2016**



This trip is for individuals ages 18 and over with developmental disabilities. The group will travel to California on Wednesday, September 28, via a chartered air-conditioned bus.

This year's trip includes transportation, Wednesday & Thursday night hotel, breakfast on Thursday & Friday morning, admission to Mickey's Not-So-Scary Halloween Party at Disneyland and Universal Studios and **a great time!** Participants will need to bring money for lunch and dinner on Wednesday, Thursday and Friday, and additional spending money.

You must be a participant who regularly participates with the City of Chandler Therapeutic or City of Mesa Adaptive Recreation programs to attend this trip. There are 20 spaces for Chandler program participants and 20 for Mesa. Once the 40 slots are filled, a waiting list will be kept for possible vacancies or a second bus.

The California Vacation Adventure is made available to participants at a discounted rate this year through the generous donations of **Arizona Disabled Sports** and the **You look Marvelous Fashion show**.

**DON'T WAIT UNTIL THE DEADLINE;  
SIGN UP TODAY!**

Participants must be capable of handling their self-help needs (such as showering, dressing, toileting and eating). Due to the nature of the trip and the limited number of available chaperones, all participants **must be able to transfer into the bus safely** and, if applicable, have a folding or collapsible wheelchair.

Final acceptance on this trip is left to the discretion of the program coordinators. You will receive a receipt confirmation by email when you are accepted.

For more information, please call:

**Collette Prather, CTRS**  
**City of Chandler**  
480-782-2709 Jacquie Gallo

**City of Mesa**  
480-644-4948



**Disneyland**  
**Mickey's Halloween Party**

## • AGENDA •

**DEPARTURE:** September 28, 2016 at 8 a.m.

**Check-in** at 7 a.m.

**RETURN:** October 1, 2016 at 7 a.m.

**Departure/Return location:**

**Chandler Senior Center, 202 E. Boston St.**

**COST:** \$425 per person

**RALLY NIGHT:** Wed., Sept. 21 at 6:30 p.m. at

**Chandler Senior Center, 202 E. Boston St.**

**ALL PARTICIPANTS MUST ATTEND RALLY  
NIGHT IN ORDER TO ATTEND THE TRIP.**

## PAYMENT OPTIONS

**OPTION ONE:** Full Payment \$425

**OPTION TWO:** First payment \$200

Second payment \$225 (Due 9/16)

Please return the registration forms, money and the hold harmless agreement by **Sept. 16, 2016**.

Please make checks payable to: "AZDS" and mail all **registration material and money** to:

**Arizona Disabled Sports (AZDS)**

**Attn: California Vacation**

**PO Box 4727**

**Mesa, AZ 85211**

[www.chandleraz.gov/therapeutic](http://www.chandleraz.gov/therapeutic)  
[www.mesaaz.gov/parksrec/adaptive](http://www.mesaaz.gov/parksrec/adaptive)



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# CALIFORNIA VACATION 2016

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## REGISTRATION FORM

☐ Chandler Participant

☐ Mesa Participant

Participant: \_\_\_\_\_ Date of birth: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent's e-mail: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Alternate person to contact in an emergency: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Phone number: \_\_\_\_\_

Who to contact if for any reason, we should return early:

First contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Policy holder: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**PLEASE TAKE THE TIME TO FILL OUT THIS SECTION THOROUGHLY**

### GENERAL PARTICIPANT INFORMATION

#### Behaviors:

Does the participant have any specific behaviors that staff needs to be aware of during the trip? ☐ No ☐ Yes

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does the participant have a tendency to wander away from groups? ☐ No ☐ Yes

Can you give us any tips for managing those behaviors? \_\_\_\_\_

\_\_\_\_\_

#### Bedtime/Sleep Patterns:

Will the participant have difficulty going to bed? ☐ No ☐ Yes

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does participant have a history of wetting the bed? ☐ No ☐ Yes

**Please continue to next page.**



Participant: \_\_\_\_\_

**Diet:**

Are there any foods the participant is not allowed to eat? ☐ No ☐ Yes

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Female only:**

Will the female participant be on her menstrual cycle? ☐ No ☐ Yes

How much assistance will she require? ☐ None ☐ Reminders ☐ Some assistance ☐ Full changing assistance

**Likes/Dislikes:**

Please describe the level of interest (1=less likely to participate, 5= most likely to participate)

Rides/Roller Coasters (ex. Space Mountain, Indiana Jones )					Slower Rides (ex. Winnie the Pooh, Peter Pan)				
1	2	3	4	5	1	2	3	4	5
Shows/Parades (ex. Aladdin, Main Street Electrical Parade )					Shopping				
1	2	3	4	5	1	2	3	4	5

**Self Help Skills:**

Please mark any assistance participant may need with the following (if any):

_____ Eating	_____ Hair washing	_____ Shaving
_____ Dressing	_____ Brushing teeth	_____ Restroom use
_____ Showering	_____ Combing hair	_____ Money handling
_____ Other: _____		

Can participant identify their own belongings? ☐ No ☐ Yes

**Please continue to next page.**

Participant: \_\_\_\_\_

### MEDICAL INFORMATION

Participant physician: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Health History:

*Does participant have a history of frequent problems with any of the following?*

_____ Nose bleeds	_____ Constipation	_____ Asthma
_____ Frequent urination	_____ Ear infections	_____ Allergies
_____ Sore throat	_____ Sinus problems	_____ Hypertension
_____ Dizziness	_____ Fainting	_____ Stomach discomfort
_____ Fatigue/weakness	_____ Diarrhea	_____ Swelling
_____ Other: _____		

Is participant on medication? ☐ No ☐ Yes (If yes, please list below)

NAME OF MEDICATION	DOSAGE	TIME ADMINISTERED	PRESCRIBING PHYSICIAN

*For medication that needs to be administered daily please bring medication in daily dosage envelopes provided on rally night.*

Does participant have seizures? ☐ No ☐ Yes

If yes, please explain the type and frequency: \_\_\_\_\_

Warning signs/symptoms: \_\_\_\_\_

In the event of a seizure, what follow-up should be given?: \_\_\_\_\_

#### Miscellaneous:

*Is there any other information you can provide that would be helpful for us to know about the participant?* \_\_\_\_\_

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**Please continue to next page.**

Participant: \_\_\_\_\_

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## Over-the-Counter Medication Release Form

I give permission to administer the following over-the-counter medications as prescribed on the bottle.

### Please check each one that applies:

- |  |   |
|--|---|
| <input type="checkbox"/> Tylenol tablets or generic equivalent | <input type="checkbox"/> Benadryl Oral                                  |
| <input type="checkbox"/> Ibuprofen/Motrin/Advil                | <input type="checkbox"/> Cough drops                                    |
| <input type="checkbox"/> Imodium                               | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Aspirin                               | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Pepto Bismol Chewables or Liquid      | <input type="checkbox"/> <b>All of the above as listed on the label</b> |

Additional Comments: \_\_\_\_\_

## HOLD HARMLESS AGREEMENT

This is my permission for \_\_\_\_\_  
to participate in the City of Chandler and City of Mesa Therapeutic Recreation – California Vacation 2016. I  
hereby, for myself, my heirs, executors, administrators, and assigns, assume all risk and waive any and all claims  
for injuries and release the City of Chandler and the City of Mesa and their agents or assigns, from any and  
all injuries suffered by said person which may arise of or in connection with participation in these recreation  
programs. I authorize the City of Chandler and the City of Mesa staff to secure medical treatment, if necessary  
in the event of an emergency, and to dispense medication if required.

I also grant permission to the Recreation Division of Chandler or Recreation Division of Mesa to use the  
likeness, voice, words of the above in TV, newspaper, film/video, or other media, for the purpose of promoting  
the City of Chandler or City of Mesa Therapeutic Recreation Programs

I hereby, for myself, my heirs, executors, administrators, and assigns, assume all risk and waive any and all  
claims for damages caused to my personal electronic devices and release the City of Chandler and the City of  
Mesa, their agents or assigns, from responsibility for any and all damages caused to personal electronic devices  
carried on the California Vacation 2016 Trip.

\_\_\_\_\_  
Parent/Legal Guardian's Signature or Participant (if over 18)

\_\_\_\_\_  
Date

***Please return the registration forms and the hold harmless agreement by  
September 16, 2016  
Thank you!***

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## PAYMENT SLIP - PLEASE RETURN THIS SLIP WITH PAYMENT FULL PAYMENT/FIRST PAYMENT

Participant: \_\_\_\_\_ ☐ Chandler Participant ☐ Mesa Participant

### Payment Options:

☐ Cash ☐ Check ☐ Credit Card (For credit card information please contact me at: \_\_\_\_\_ )

- ☐ Attached you will find my **full payment of \$425**  
☐ Attached you will find my **first payment of \$200** (My second payment of \$225 will be submitted by September 16, 2016)

Please make checks payable to **Arizona Disabled Sports (AZDS)** and mail registration and payment to:

**Arizona Disabled Sports (AZDS)**  
**Attn: California Vacation**  
**PO Box 4727**  
**Mesa, AZ 85211**



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## PAYMENT SLIP - PLEASE RETURN THIS SLIP WITH PAYMENT SECOND PAYMENT

Participant: \_\_\_\_\_ ☐ Chandler Participant ☐ Mesa Participant

### Payment Options:

☐ Cash ☐ Check ☐ Credit Card (For credit card information please contact me at: \_\_\_\_\_ )

- ☐ Attached you will find my **final payment of \$225** (due by September 16, 2016)

Please make checks payable to **Arizona Disabled Sports (AZDS)** and mail registration and payment to:

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